APPENDIX A

U.S. Department of Housing and Urban Development

Type of Submission	2. Date Su	bmitted 4. HUD Appl		Application Number	
X Application Preapplication	3. Date an	d Time Received by HUD	5. Existing	g Grant Number	
			6. Applica	nt Identification Nu	mber
7. Applicant's Legal Name		8. Organizational Unit			
City and County of Honolulu		Department of Bu	dget and F	Fiscal Services	
9. Address (give city, county, State, and zip code)		10. Name, title, telephone number, t	fax numbe	r, and e-mail of the	person to be
A. Address: 530 South King Street		contacted on matters involving this	s application	on (including area c	odes)
B. City: Honolulu		A. Name:	Ms. Jean	Tanji	
C. County: City and County of Honolulu		B. Title:	Federal G	Grants Coordinator	
D. State: Hawaii		C. Phone:	(808) 527	-5067	
E. Zip Code: 96813		D. Fax:	(808) 527	-6968	
·		E. E-mail:	jtanji@d	co.honolulu.hi.us	<u> </u>
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appro	opriate lette	er in box)	P. City & County
996001257		A. State	I. Unive	rsity or College	
00000.20		B. County	J. India	-	
13. Type of Application		C. Municipal	K. Triba	ally Designated Hou	sing Entity (TDHE)
	Revision	D. Township	L. Indiv		
Thew X community is non-		E. Interstate	M. Prof	it Organization	
If Revision, enter appropriate letters in box(es)		F. Intermunicipal	N. Non-	-	
		G. Special District		ic Housing Authorit	u .
A. Increase Amount B. Decrease Amount C. Increase Durati	ION	H. Independent School District		er (Specify)	,
D. Decrease Duration E. Other (Specify)			1.0010	it (Opcony)	
		 Name of Federal Agency Department of Housing 	and Hrh	an Develonmen	,
CEDAN Number				an Developmen	
15. Catalog of Federal Domestic Assistance (CFDA) Numbe 14	- 218	16. Descriptive Title of Applicant's			
Title: Community Development Block Grant		Ninth (9th) Year Ac	tion Plan		
Component Title:					
17. Areas affected by Program (boroughs, cities, counties, S	States,				
Indian Reservation, etc.)					
City and County of Honolulu					
18a. Proposed Program start date 18b. Proposed Program	n end date	19a. Congressional Districts of Ap		19b. Congressional	
07/01/03 06/30/04		First and Second	<u> </u>	Program First an	d Second
20. Estimated Funding: Applicant must complete the Fun	iding Matrix	on Page 2.			
21. Is Application subject to review by State Executive Order	r 12372 Proc	ess?			
A. Yes This preapplication/application was made	available to	the State Executive Order 12372 F	Process for	r review on: Date	
B. No X Program is not covered by E.O. 12372					
Program has not been selected by State f	for review.				
	X No				The way were of the transfer of the second s
Yes If "Yes," explain below or attach an explanatio					
100 11 100, 0.45.01.10.10.10.10.10.10.10.10.10.10.10.10.					

U.S. Department of Housing and Urban Development

Type of Submission	2.	Date Submi	tted	4. HUD Ap	plication Number	
X Application	Preapplication 3.	Date and Tir	ne Received by HUD	5. Existing	Grant Number	
				6. Applicar	nt Identification Nu	umber
7. Applicant's Legal Name		8. C	rganizational Unit			
City and County of H	lonolulu		Department of Bu	udget and Fi	iscal Services	
9. Address (give city, county, State, a	and zip code)	10.	Name,title,telephone number,	fax number	, and e-mail of the	person to be
A. Address: 530 South King Stre		con	acted on matters involving thi	is applicatio	n (including area	codes)
B. City: Honolulu		Α.	Name:	Ms. Jean 1	Гаnji	
C. County: City and County of H	lonolulu	В.	Title:	Federal G	rants Coordinator	
D. State: Hawaii		C.	Phone:	(808) 527-	5067	
E. Zip Code: 96813		D.	Fax:	(808) 527-	6968	
1		E.	E-mail:	jtanji@c	o.honolulu.hi.u	S
11. Employer Identification Number (EIN) or SSN	12.	Type of Applicant (enter appro	opriate lette	r in box)	P. City & County
996001257	•	1	State		sity or College	
55555 1251		В.	County	J. Indian	-	
13. Type of Application			Municipal			using Entity (TDHE)
New X Continuation	Renewal Revis		Township	L. Individ		, , , , , , , , , , , , , , , , , , , ,
New X Continuation	Tronovar Line		Interstate		Organization	
If Revision, enter appropriate letters	in boy(oc)		Intermunicipal	N. Non-p	•	
	i i laanii laanii		•	•	c Housing Authori	th (
A. Increase Amount B. Decrease Am			Special District		(Specify)	ıy
D. Decrease Duration E. Other (Spec	жу)		Independent School District	r. Other	(Specify)	
			Name of Federal Agency	. and Hrbs	n Davelenmen	.4
<u> </u>			Department of Housing		an Developmen	IL .
15. Catalog of Federal Domestic Ass	1 4 23		Descriptive Title of Applicant's	s Program		
Title: HOME Investment Partner	ships Program		Ninth (9th) Year Ac	tion Plan		
Component Title:						
17. Areas affected by Program (boro	ughs, cities, counties, States	s,				
Indian Reservation, etc.)						
City and County of Honolu	lu					
18a. Proposed Program start date	18b. Proposed Program end	d date 19a	. Congressional Districts of Ap		9b. Congressiona	Districts of
07/01/03	06/30/04		First and Second	P	rogram First a	nd Second
20. Estimated Funding: Applicant n	nust complete the Funding	Matrix on I	Page 2.			
21. Is Application subject to review b	y State Executive Order 123	72 Process?				
A. Yes This preapplication	n/application was made avail	lable to the S	State Executive Order 12372 F	Process for	review on: Date	
B. No X Program is not co	vered by E.O. 12372					
Program has not b	een selected by State for re-	view.				
22. Is the Applicant delinquent on an	y Federal debt? X	No				
Yes If "Yes," explain below	Termil .					
	•					
1						

U.S. Department of Housing and Urban Development

Type of Submission	2. Date Sub	mitted	4. HUD Application Number		
	3. Date and	Time Received by HUD	5. Existing Grant Number		
			6. Applicant Identification Number		
7. Applicant's Legal Name	8	. Organizational Unit			
City and County of Honolulu		Department of Bud	dget and Fiscal Services		
9. Address (give city, county, State, and zip code)		· · · ·	ax number, and e-mail of the persor	to be	
A. Address: 530 South King Street	C	ontacted on matters involving this	s application (including area codes)		
B. City: Honolulu		A. Name:	Ms. Jean Tanji		
C. County: City and County of Honolulu		B. Title:	Federal Grants Coordinator		
D. State: Hawaii			(808) 527-5067		
E. Zip Code: 96813			(808) 527-6968		
		E. E-mail:	jtanji@co.honolulu.hi.us		
11. Employer Identification Number (EIN) or SSN	1:	Type of Applicant (enter appro	· Landin	/ & County	
996001257		A. State	I. University or College		
<u> </u>		B. County	J. Indian Tribe		
13. Type of Application		C. Municipal	K. Tribally Designated Housing Er	ntity (TDHE)	
New X Continuation Renewal Rev	evision	D. Township	L. Individual		
	_	E. Interstate	M. Profit Organization		
If Revision, enter appropriate letters in box(es)		F. Intermunicipal	N. Non-profit		
A. Increase Amount B. Decrease Amount C. Increase Duration	n	G. Special District	O. Public Housing Authority		
D. Decrease Duration E. Other (Specify)		H. Independent School District P. Other (Specify)			
	1.	4. Name of Federal Agency			
	u	J.S. Department of Housing	and Urban Development		
15. Catalog of Federal Domestic Assistance (CFDA) Number	1	6. Descriptive Title of Applicant's	Program		
14 :	231				
Title: Emergency Shelter Grants Program		Ninth (9th) Year Act	ion Plan		
Component Title:					
17. Areas affected by Program (boroughs, cities, counties, State	ites,				
Indian Reservation, etc.)					
City and County of Honolulu					
18a. Proposed Program start date 18b. Proposed Program e	end date 1	9a. Congressional Districts of Ap	plicant 19b. Congressional Distric	ts of	
07/01/03 06/30/04		First and Second	Program First and Seco	ond	
20. Estimated Funding: Applicant must complete the Funding	ing Matrix o	n Page 2.			
21. Is Application subject to review by State Executive Order 12	2372 Proces	ss?			
A. Yes This preapplication/application was made ava	vailable to the	e State Executive Order 12372 P	rocess for review on: Date		
B. No X Program is not covered by E.O. 12372					
Program has not been selected by State for	review.				
22. Is the Applicant delinquent on any Federal debt?	No				
Yes If "Yes," explain below or attach an explanation.					

U.S. Department of Housing and Urban Development

Type of Submission	2. Date Su	bmitted	4. HUD Application Number	
X Application Preapplication	3. Date and	d Time Received by HUD	5. Existing Grant Number	
			6. Applicant Identification	Number
7. Applicant's Legal Name		8. Organizational Unit		
City and County of Honolulu		Department of Bu	idget and Fiscal Services	
9. Address (give city, county, State, and zip code)		10. Name,title,telephone number,	fax number, and e-mail of	the person to be
A. Address: 530 South King Street		contacted on matters involving thi	is application (including are	ea codes)
B. City: Honolulu		A. Name:	Ms. Jean Tanji	
C. County: City and County of Honolulu		B. Title:	Federal Grants Coordinat	tor
D. State: Hawaii		C. Phone:	(808) 527-5067	
E. Zip Code: 96813		D. Fax:	(808) 527-6968	
		E. E-mail:	jtanji@co.honolulu.h	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appro	opriate letter in box)	P. City & County
996001257		A. State	 University or College 	
		B. County	J. Indian Tribe	
13. Type of Application		C. Municipal	K. Tribally Designated I	Housing Entity (TDHE)
New X Continuation Renewal R	Revision	D. Township	L. Individual	
		E. Interstate	M. Profit Organization	
If Revision, enter appropriate letters in box(es)	7	F. Intermunicipal	N. Non-profit	
A. Increase Amount B. Decrease Amount C. Increase Duration	on I	G. Special District	O. Public Housing Auth	ority
D. Decrease Duration E. Other (Specify)		H. Independent School District	P. Other (Specify)	•
, 200,0000 20,0000 p. 00,000 (open,),		14. Name of Federal Agency		
		U.S. Department of Housing	and Urban Developm	ent
15. Catalog of Federal Domestic Assistance (CFDA) Number	*	16. Descriptive Title of Applicant's		
14				
Title: Housing Opportunities for Persons with AIDS		Ninth (9th) Year Ac	tion Plan	
Component Title:				
17. Areas affected by Program (boroughs, cities, counties, St	tates,			
Indian Reservation, etc.)				
City and County of Honolulu				
18a. Proposed Program start date 18b. Proposed Program	n end date	19a. Congressional Districts of Ap		
07/01/03 06/30/04		First and Second	Program Firs	t and Second
20. Estimated Funding: Applicant must complete the Fund				
21. Is Application subject to review by State Executive Order				
A. Yes This preapplication/application was made a	available to t	he State Executive Order 12372 F	Process for review on: Date	P
B. No X Program is not covered by E.O. 12372				
Program has not been selected by State fo	or review.			
22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation				

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	12,102,000						1,973,970	5,360,808	19,436,778
HOME	4,831,996	N.		·			3,657,304	709,580	9,198,880
ESG	450,000						7,312	0	457,312
HOPWA	445,000						-674	0	444,326
·							·		·
Grand Totals	17,828,996						5,637,912	6,070,388	29,537,296

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official	Name (printed)	
	Mr. Chris A. D	Diebling
Title		Date (mm/dd/yyyy)
Deputy Director, Department of Budget and Fiscal Services		9/19/03